

**FEC FORM 9  
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

AMERICAN FUTURE FUND

(b) Address (number and street)

☐ check if different than previously reported

4225 FLEUR DRIVE #142

(c) City, State and ZIP Code

DES MOINES

IA

50321

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number****C** C30001028**3. Is This Statement**☒**New**

or

☐**Amended****4. Covering Period**M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

through

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 1 0**5. (a) Date of Public Distribution(s)**M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 1 0**(b) Communication Title** Certain**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Sandy Greiner

(b) Address (number and street)

4225 Fleur Drive #142

(c) City, State and ZIP Code

Des Moines

IA

50321

(d) Name of Employer or Principal Place of Business

self-employed

(e) Occupation

farmer

**9. Total Donations This Statement**

.00

**10. Total Disbursements/Obligations This Statement**

39594.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Sandy Greiner

SIGNATURE Electronically Filed by Sandy Greiner

DATE 09/24/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

**List of Person(s) Sharing/Exercising Control**

(use additional pages as necessary)

**11. Person(s) Sharing/Exercising Control**

|           |  |                                    |  |
|-----------|--|------------------------------------|--|
| <b>A.</b> | (a) Name<br>Sandy Greiner  | <b>Transaction ID :</b> F91.000001 |  |
|           | (b) Address (number and street)<br>4225 Fleur Drive #142                     |                                    |  |
|           | (c) City, State and Zip Code<br>Des Moines IA 50321                          |                                    |  |
|           | (d) Name of Employer or Principal Place of Business<br>self-employed         | (e) Occupation<br>farmer           |  |
| <b>B.</b> | (a) Name<br>Barbara Smeltzer   | <b>Transaction ID :</b> F91.000002 |  |
|           | (b) Address (number and street)<br>4225 Fleur Drive #142                     |                                    |  |
|           | (c) City, State and Zip Code<br>Des Moines IA 50321                          |                                    |  |
|           | (d) Name of Employer or Principal Place of Business<br>University of Dubuque | (e) Occupation<br>student advisor  |  |
| <b>C.</b> | (a) Name<br>Cord Overton   | <b>Transaction ID :</b> F91.000003 |  |
|           | (b) Address (number and street)<br>4225 Fleur Drive #142                     |                                    |  |
|           | (c) City, State and Zip Code<br>Des Moines IA 50321                          |                                    |  |
|           | (d) Name of Employer or Principal Place of Business<br>na                    | (e) Occupation<br>student          |  |
| <b>D.</b> | (a) Name<br>Katherine Polking  | <b>Transaction ID :</b> F91.000004 |  |
|           | (b) Address (number and street)<br>4225 Fleur Drive #142                     |                                    |  |
|           | (c) City, State and Zip Code<br>Des Moines IA 50321                          |                                    |  |
|           | (d) Name of Employer or Principal Place of Business<br>na                    | (e) Occupation<br>student          |  |

**SCHEDULE 9-B****Disbursement(s) Made or Obligations**

PAGE 3 / 3

|  |   |                |   |   |   |                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|----------------|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial) of Payee<br>Mentzer Media Services, Inc<br><hr/> Mailing Address of Payee<br>600 Fairmount Ave, Ste 306<br><hr/> City State Zip Code<br>Towson MD 21286<br><hr/> Name of Employer Occupation<br>   |   |                |   | Date of Disbursement or Obligation<br><table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table><br>Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">36894.00</div><br>Communication Date<br><table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table><br><b>Transaction ID :</b> F93.000001 |   |                                   |   | M   | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |   | 2 | 3 |   | 2 | 0 | 1 | 0 | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |   | 2 | 4 |   | 2 | 0 | 1 | 0 |   |   |
| M  | M | /              | D | D   | / | Y                                 | Y | Y   | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 9 |                | 2 | 3   |   | 2                                 | 0 | 1   | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| M  | M | /              | D | D   | / | Y                                 | Y | Y   | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 9 |                | 2 | 4   |   | 2                                 | 0 | 1   | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Purpose of Disbursement (including title(s) of communication(s))<br>Radio Ad Placement   |   |                |   |   |   |                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Name of Federal Candidate<br>Bruce Braley  |   | Office Sought: |   | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |   | State: IA                         |   | District: 01  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| F94.000002   |   |                |   |   |   | Disbursement/Obligation For: 2010 |   | <input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Name of Federal Candidate  |   | Office Sought: |   | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President   |   | State: _____                      |   | District: _____   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |                |   |   |   | Disbursement/Obligation For:      |   | <input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Name of Federal Candidate  |   | Office Sought: |   | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President   |   | State: _____                      |   | District: _____   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |                |   |   |   | Disbursement/Obligation For:      |   | <input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial) of Payee<br>McCarthy Marcus Hennings<br><hr/> Mailing Address of Payee<br>1850 M Street, NW Suite 235<br><hr/> City State Zip Code<br>Washington DC 20036<br><hr/> Name of Employer Occupation<br>   |   |                |   |   |   |                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Date of Disbursement or Obligation<br><table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table><br>Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">2700.00</div><br>Communication Date<br><table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table><br><b>Transaction ID :</b> F93.000002 |   |                |   |   |   |                                   |   |   |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |   | 2 | 4 |   | 2 | 0 | 1 | 0 | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |   | 2 | 4 |   | 2 | 0 | 1 | 0 |
| M  | M | /              | D | D   | / | Y                                 | Y | Y   | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 9 |                | 2 | 4   |   | 2                                 | 0 | 1   | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| M  | M | /              | D | D   | / | Y                                 | Y | Y   | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 9 |                | 2 | 4   |   | 2                                 | 0 | 1   | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Purpose of Disbursement (including title(s) of communication(s))<br>Radio Ad Production  |   |                |   |   |   |                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Name of Federal Candidate<br>Bruce Braley  |   | Office Sought: |   | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |   | State: IA                         |   | District: 01  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| F94.000004   |   |                |   |   |   | Disbursement/Obligation For: 2010 |   | <input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Name of Federal Candidate  |   | Office Sought: |   | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President   |   | State: _____                      |   | District: _____   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |                |   |   |   | Disbursement/Obligation For:      |   | <input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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|  |   |                |   |   |   | Disbursement/Obligation For:      |   | <input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <div style="display: flex; justify-content: space-between;"> <div> <b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....<br/><br/> <b>TOTAL</b> This Period (last page this line number only) .....<br/> (carry total from last page to line 10) </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 200px;">39594.00</div><br/> <div style="border: 1px solid black; padding: 2px; width: 200px;">39594.00</div> </div> </div>  |   |                |   |   |   |                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |